

**VALLEY REGIONAL HIGH SCHOOL**  
**DEPARTMENT OF ATHLETICS**  
**PARENT/ATHLETE ACKNOWLEDGEMENT FORM**

ALL REQUIRED PAPERWORK MUST BE SUBMITTED BEFORE A STUDENT CAN PARTICIPATE IN ATHLETIC ACTIVITY.

NAME OF STUDENT ATHLETE \_\_\_\_\_  
SPORT \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
GRADE \_\_\_\_\_ SCHOOL ATTENDED LAST YEAR \_\_\_\_\_  
DATE OF CURRENT PHYSICAL EXAM \_\_\_\_\_ ( PHYSICAL EXAMS  
REMAIN CURRENT FOR 13 MONTHS)  
DATE OF IMPACT TESTING \_\_\_\_\_

***NURSES SIGNATURE:*** \_\_\_\_\_

I/WE GIVE OUR PERMISSION FOR \_\_\_\_\_  
TO PARTICIPATE IN ORGANIZED HIGH SCHOOL ATHLETICS, REALIZING THAT SUCH  
ACTIVITY INVOLVES THE POTENTIAL FOR INJURY WHICH IS INHERENT IN ALL SPORTS.  
I/WE ACKNOWLEDGE THAT EVEN WITH THE BEST COACHING, USE OF APPROPRIATE  
EQUIPMENT AND STRICT OBSERVANCE OF RULES, INJURIES ARE STILL A POSSIBILITY.  
ON RARE OCCASIONS THESE INJURIES CAN BE SO SEVERE AS TO RESULT IN TOTAL  
DISABILITY OR EVEN DEATH. I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND  
UNDERSTAND THIS WARNING.

I \_\_\_\_\_ CERTIFY THAT I HAVE READ, UNDERSTAND AND WILL ABIDE  
BY ALL OF THE VALLEY REGIONAL HIGH SCHOOL ATHLETIC POLICIES IN THE STUDENT  
HANDBOOK.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THIS FORM AND THE EMERGENCY PERMISSION FORM MUST BE SIGNED AND RETURNED  
TO THE ATHLETIC DIRECTOR'S OFFICE PRIOR TO THE FIRST PRACTICE.

SIGNATURE OF MEMBER OF ATHLETIC DEPT.

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